

APPLICATION FOR NAVY CONTRACT POSITIONS  
THIS IS NOT A CIVIL SERVICE POSITION

17 February 2004

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **12 March 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: Code 22T  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil)  
IN SUBJECT LINE REFERENCE: "CODE 22T"

A. NOTICE. This position is set aside for individual Nuclear Medicine Physicians. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. NUCLEAR MEDICINE PHYSICIAN. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has completed a residency program in Nuclear Medicine approved by the American Board of Nuclear Medicine. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award. (See Sections D and E).

Services shall be provided in the National Naval Medical Center, Bethesda, MD.

You shall be on duty in the assigned clinical areas for 80 hours per two week period. You shall normally provide services Monday through Friday for an 8.5 hour shift (to include a .5 hour uncompensated lunch) between the hours of 0700 and 1630 (7:00 A.M. and 4:30 P.M) Specific shift hours will be scheduled one month in advance by the Commanding Officer or his/her representative. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a Nuclear Medicine Physician.

Additionally, you shall equitably share nuclear medicine call coverage with other departmental nuclear medicine physicians. These services shall include performance or direct supervision of emergency diagnostic and therapeutic nuclear medicine procedures. On-call services begin at the end of the normal workday (1600 hours) during the workweek and shall continue until commencement of the following workday (0730 hours). Weekend coverage begins at the close of the workday Friday until commencement of the workday Monday, unless the weekend incorporates a holiday on Monday or Friday. In case of a 3-day weekend of this type, call coverage will extend from close of the preceding workday until the beginning of the first following workday. You shall normally provide nuclear medicine call for up to one week per month. Historical data indicates that the nuclear medicine on-call physician responds to an average of up to one to two calls per on-call night, and calls requiring that the physician present to the medical facility occur less than one occasion per week of being on-call. On-call service requirements are variable and depend on the current level of nuclear medicine staff and their availability to share on-call services. The on-call schedule will be provided 1 month in advance.

You shall accrue 10.5 hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Unless you are providing on-call services, your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day,

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and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

## II. Statement of Work

A. The use of "Commanding Officer" means Commander, National Naval Medical Center, Bethesda, MD , or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. GENERAL DUTIES AND RESPONSIBILITIES. You shall perform a full range of Nuclear Medicine Physician services, within the scope of clinical privileges granted. Services shall be provided on site using government furnished supplies, facilities and equipment. Actual clinical performance will be a function of the overall demand for services. Caseload includes scheduled and unscheduled requirements for care.

### 1. ADMINISTRATIVE/TRAINING DUTIES AND REQUIREMENTS. You shall:

1.1. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of scheduled working hours, the healthcare worker shall be required to read and initial the minutes of the meeting.

1.2. Participate in the provision of in-service training to members of the clinical and administrative staff on subjects germane to your specialty.

1.3. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

1.4. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

1.5. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities and provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.

1.6. Maintain an awareness of responsibility and accountability for own professional practice.

1.7. Participate in continuing education to meet own professional growth.

1.8. Attend annual renewal of the following training requirements provided by the Government: family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens and fire/safety.

1.9. Participate in the implementation of the MTF's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

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1.10. Attend Composite Health Care System (CHCS) and Corporate Information System (CIS) training provided by the Government for a minimum of four (4) hours, up to a maximum of 24 hours.

1.11. Adhere to infection control guidelines and practice universal precautions.

1.12. Contribute to the safe and effective operation of equipment used in patient care within a safe working environment. This shall include safe practices of emergency procedures, proper handling of hazardous materials and maintaining physical security.

1.13. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.14. Maintain statistical records of clinical workload. Operate and manipulate automated systems such as Composite Health Care Systems (CHCS), Ambulatory Data System (ADS), participating in education programs, participating in education programs and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

1.15. Participate in health education.

1.16. Participate in clinical staff quality improvement/management functions to include participation in peer review and performance improvement activities.

1.17. Provide timely documentation in the form of legible, accurate records/notes of the procedures performed and the care rendered to patients in accordance with the MTF requirements and professional standards.

1.18. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. GENERAL RESPONSIBILITIES. You shall perform a full range of Nuclear Medicine services. Productivity is expected to be comparable with that of other individuals performing similar services. You shall:

2.1. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.

2.2. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

2.3. Participate in peer review and performance improvement activities.

2.4. Participate in clinical investigations.

2.5. Refer patients appropriate to their need. Receive referrals from other members of the healthcare team.

2.6. Use the CHCS system to enter orders and prescriptions; retrieve test results; request specialty consultation; and correspond via E-mail. Utilize the KG-ADS module of CHCS for workload data collection, capturing ICD-9, E&M, and CPT-4 codes.

2.7. Become familiar with the Department of Defense TRICARE Program and the methodology to function therein.

3. CLINICAL DUTIES:

- 3.1. Supervise the preparation of unsealed radionuclides and radiopharmaceuticals for diagnostic examination of patients
- 3.2. Supervise the administration of unsealed radionuclides and radiopharmaceuticals for diagnostic examination of patients
- 3.3. Supervise the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examination of patients
- 3.4. Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals including but not limited to: planar and SPECT imaging, radiopharmaceutical therapies (using Iodine 131 in amount that may exceed 30 millicuries), in-vivo and in-vitro testing, cardiac imaging, PET imaging, and lymphoscintigraphy in support of sentinel node location.
- 3.5. Supervise the use of unsealed radionuclides for therapeutic purposes
- 3.6. Supervise performance of radioimmunoassay examinations
- 3.7. Supervise the management of radioactivity contaminated patients and facilities.
- 3.8. Support the MTFs Navy Radioactive Materials Permit (NRMP) and the Nuclear Medicine Quality Management Program (QMP) by fulfilling the applicable Authorized User requirements in the NRMP, QMP, and Title 10, Code of Federal Regulation, Part 35.
- 3.9. Serve as a member of the MTFs Radiation Safety Committee as necessary
- 3.10. Demonstrate knowledge of, and authorization for, procedures listed under Title 10, Code of Federal Regulation, Section 35.100, 35.200, and 35.300 in accordance with the Nuclear Regulatory Commission
- 3.11. Be actively involved in the training of fellows, residents, interns, medical students, and phase-two nuclear medicine technologists
- 3.12. Provide on-call nuclear medicine services in accordance with the terms and conditions as outlined herein
4. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:
  - 4.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
  - 4.2. The regulations and standards of professional practice of the treatment facility, and
  - 4.3. The bylaws of the treatment facility's professional staff.

5. ORIENTATION/TRAINING

5.1. You shall attend the NNMC orientation briefing during the first three months after commencing services. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements.

6. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a Personal and Professional Information Sheet (PPIS) and other supporting documentation required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying

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educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (F) of BUMEDINST 6320.66D and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>

6.1. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed the Fifth Pathway.
2. Either graduated from a residency training program in Nuclear Medicine approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority; *or--*

Graduated from a residency training program in Diagnostic Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority; and in addition, completion of a minimum of one year additional training in Nuclear Medicine or a two year fellowship in Nuclear Medicine.

3. Possess board certification in Nuclear Medicine as determined by the American Board of Nuclear Medicine.
4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
5. Provide documentation indicating you are an authorized user under 10 CFR Part 35 for medical use of byproduct material. This documentation can be in the form of board certification, preceptor statements or copies of previous licenses in which you have been authorized users.
6. Have at least 12 months experience within the preceding 36 months as a Nuclear Medicine physician with experience in nuclear medicine studies in a setting of similar size and complexity.
7. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. Recertification will be provided by the Navy during normal working hours.
8. Submit two letters of recommendation from practicing physicians attesting to your clinical skills. Reference letters shall attest to your communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letter must have been written within the preceding 2 years.
9. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of U.S.
10. Submit your experience as demonstrated by your resume.

11. Submit a fair and reasonable price that has been accepted by the Government.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein.
2. The letters of recommendation required in item D.6, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Total Continuing Medical Education (CME) hours.
4. Experience in a DOD medical facility.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ A completed " \* **PERSONAL QUALIFICATIONS SHEET** " (Attachment 1).
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment 2).
3. \_\_\_\_\_ Proof of employment eligibility (Attachment 3).
4. \_\_\_\_\_ Two or more letters of recommendation per paragraph D.6., above. (If applicable)
5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. \_\_\_\_\_ Small Business Representation (Attachment 5)

\*Please answer every question on the "Application for Navy Contract Positions". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Services/Individual Set Asides or may be requested from the contract specialist listed below.

Send Requests by mail, fax or e-mail to:

**Contract Specialist**

Naval Medical Logistics Command  
CODE 02: 22T, 1681 Nelson Street  
Fort Detrick, MD 21702  
Comm: 301-619-8277  
DSN: 343-8277  
Fax: 301-619-6793  
E-mail: [cktama@nmlc.med.navy.mil](mailto:cktama@nmlc.med.navy.mil)  
Web: <http://www-nmlc.med.navy.mil>

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or [www.ccr.dlsi.dla.mil](http://www.ccr.dlsi.dla.mil). This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this requirement is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package maybe addressed @ 301-619-8277.

We look forward to receiving your application.

**ATTACHMENT 1**

**PERSONAL QUALIFICATIONS SHEET – Nuclear Medicine Physician**

**A. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**B. Medical Information**

YES NO

- |   |       |       |
|---|-------|-------|
| 1. Do you have any physical handicap or condition that could limit your clinical practice?                      | _____ | _____ |
| 2. Have you been hospitalized for any reason during the past 5 years?   | _____ | _____ |
| 3. Are you currently receiving or have you ever received formal mental health therapy?                          | _____ | _____ |
| 4. Do you currently have, or in the past have you ever had, an alcohol dependency?                              | _____ | _____ |
| 5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem? | _____ | _____ |
| 6. Have you ever been unlawfully involved in the use of controlled substances?                                  | _____ | _____ |
| 7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?  | _____ | _____ |

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



A. Advanced Education.

1. Medical School:

a. Name of Accredited School \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

b. Type of Degree: \_\_\_\_\_

c. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Name of Accredited School: \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

e. Type of Degree: \_\_\_\_\_

f. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Additional Education:

a. Name of Accredited School: \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

b. Type of Degree: \_\_\_\_\_

c. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Additional Education (continued):

d. Name of Accredited School: \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

e. Type of Degree: \_\_\_\_\_

f. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Continuing Education:

[illegible]

NO

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a. \_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and Address of Preceding Employers for the last 5 years:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Name and Address of Preceding Employers for the last 5 years (continued):

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

e. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

f. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

g. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

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## 3. List military experience providing medical services:

a. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

c. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

4. Provide an explanation of any gaps in employment within the time specified in B above on a separate sheet of paper.

5. Are you currently employed on a Navy contract? If yes, where is your current contract and what is the position?

\_\_\_\_\_

6. List prior experience teaching or proctoring residents in graduate medical education settings.

Name of Medical Facility	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Membership in professional organizations that promote your specialty:

	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case?	_____	_____

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3. Have you ever had your professional license revoked? \_\_\_\_\_

4. Have you ever voluntarily surrendered your professional  
license? \_\_\_\_\_

If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.

E. Licensure (to include all medical licenses held)

1. License Number      State      Date of Expiration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Drug Enforcement Number      State      Date of Expiration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## III. Enhancing Factors

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

## PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**ATTACHMENT 2**

**PRICING SHEET  
PERIOD OF PERFORMANCE**

Services are required from 1 April 2004 through 30 September 2004. Four option periods will be included which will extend services through 31 March 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

**PRICING INFORMATION**

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Nuclear Medicine Physicians in the Bethesda, MD area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Price</u>	<u>Total Amount</u>
	The offeror agrees to perform				
	on behalf of the Government, the				
	duties of one Nuclear Medicine Physician at				
	the the National Naval Medical Center,				
	Bethesda,				
	MD, in accordance with this				
	Application and the resulting contract.				
0001AA	Base Period; 1 Apr 04 thru 30 Sep 04	26.2	Week		
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	52.2	Week		
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	52	Week		
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	52	Week		
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	52.4	Week		
0001AF	Option Period IV; 1 Oct 08 thru 31 Mar 09	26	Week		

TOTAL CONTRACT

\$ \_\_\_\_\_

Printed Name \_\_\_\_\_

**LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A**

**LIST A**

**Documents that Establish Both Identity and Employment Eligibility**

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

**Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card

**LIST C**

**Documents that Establish Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing

5. U.S. Military card or draft record

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant  
Mariner Card

8. Native American tribal document

9. Driver's license issued by a  
Canadian government authority

For persons under age 18 who  
are unable to present a  
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

an official seal

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident  
Citizen in the United States  
(INS Form I-179)

7. Unexpired employment  
authorization document issued  
by the INS (other than those  
listed under List a).



**ATTACHMENT 4**

**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 22T  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ATTACHMENT 5**

**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

**NOTE:** This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

**Section A.**

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).